

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085301

1. Entity Name

BEACHES ANESTHESIA, P.A.

Principal Place of Business

2366 PINE ISLAND CT  
JACKSONVILLE FL 32224  
US

Mailing Address

PO BOX 10608  
JACKSONVILLE FL 32247  
US

2. Principal Place of Business

902 S. WHISPERWOOD LN.

3. Mailing Address

POB 4035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL.

City & State

FT. WALTON BCH, FL.

Zip

32547

Country

U.S.A.

Zip

32549

Country

U.S.A.

4. FEI Number

59-3405425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORTELBOER, ROBERT L ESQ  
DONALD W. WEIDNER, P.A.  
10161 CENTURION PARKWAY NORTH #190  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: DONALD W. WEIDNER, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
11265 Alumni Way, Suite 201  
City: JACKSONVILLE FL Zip Code: 32246

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONALD W. WEIDNER, ESQ.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/01  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, J F M.D.	
STREET ADDRESS	116 SEVEN IRON COURT	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVSCHUTZ, VLADIMIR M.D.	
STREET ADDRESS	724 SPINNAKER'S REACH	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, CARL E M.D.	
STREET ADDRESS	2366 PINE ISLAND COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D ; PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRO, CARL E. M.D.	
STREET ADDRESS	902 S. WHISPERWOOD LN.	
CITY - ST - ZIP	FT. WALTON BEACH, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl E. Hardy, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01  
Date

850-863-3838  
Daytime Phone \*

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90155 043 \*\*\*150.00

765608



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)